

Willsboro Central School
 PO Box 180, 29 School Lane
 Willsboro, New York 12996
 (518) 963-4456 Fax (518) 963-7577
www.willsborocsd.org

TEACHING APPLICATION



PERSONAL INFORMATION

 Last First Middle

 Street City State Zip

 Telephone # Social Security #
 (Permanent Address If Different From Above)

 Street City State Zip

POSITION PREFERENCE (Specify Preference)

Elementary	Secondary	Other
Pre-K - 2nd _____	6th - 8th _____	Guidance, Psychologist
3rd - 5th _____	9th - 12th _____	Administrative, Supervisory
Special Education	Special Education	Specify _____
Grade Level _____	Subject _____	

SUBSTITUTE TEACHING

I am interested in substitute teaching in the following areas - _____

AVAILABILITY:

(check if only available 1/2 days)
M **T** **W** **TH** **F**
 a.m.____ a.m.____ a.m.____ a.m.____ a.m.____
 p.m.____ p.m.____ p.m.____ p.m.____ p.m.____

Check Here If Available Mon. - Fri., Full Days - _____

CERTIFICATION (List All Certifications) if pending, please indicate

State	Date Issued	Date Expires	Subject Validity	Type of Certification & Number

UNDERGRADUATE EDUCATION (Including High School)

School(s)	Location	Dates	Nature of Studies Major / Minor	Diploma / Degree	Date Granted

GRADUATE EDUCATION

College	Location	Major Specialization	Credits	Degree	Date Granted

List Any Additional Information: _____

SCHOLASTIC HONORS -

PROFESSIONAL MEMBERSHIPS -

READING BACKGROUND (Elementary Teachers Only)

List title and credit hours of course work taken in the teaching of reading.

RELATED PROFESSIONAL EXPERIENCE

(Educational travel, lectures, publications, organizational membership, committee chairs, or memberships, participation in educational experiences, innovations, special programs, elective positions held, community and social services, scouting, recreations, etc.)

EDUCATIONAL EXPERIENCE IN SCHOOL (List most recent experience first, include any substitute teaching)

Date	Name and Location of School	Nature of Experience	Total Years	Supervisor Name/ Phone #	Reason for Leaving

(Student teaching, if fewer than 3 years of full-time employment)

Years	Name & Location of School	Subject / Grade Level

OTHER WORK EXPERIENCES (business, trade, summer occupations)

Dates	Firm / Institution	Nature of Work	Full-Time Part-Time	Supervisor Name / Phone #	Reason for Leaving

PRIOR TENURE RECORD

(All applicants must complete and sign in order to assure compliance with provision of Section 3012, of the Education Laws of the State of New York)

Have you ever received TENURE in any school district or board of cooperative education services (BOCES)?

_____ Yes _____ No

If Yes, please indicate _____
(Name of School District) Date

Have you ever been denied tenure in any school district or board of cooperative education services (BOCES)?

_____ Yes _____ No

If yes, please explain _____

 (Signature)

 Today's Date

GENERAL INFORMATION

NYS Teacher's Retirement System Member?

_____ Yes _____ No (if yes, indicate number) _____

Have you ever been dismissed from a position or resigned prior to being dismissed?

_____ Yes _____ No
(if yes, please explain) _____

Have you ever been convicted of a crime?

_____ Yes _____ No
(if yes, please explain) _____

Are you a U.S. Citizen? _____ Yes _____ No

New York State law requires that all personnel must be fingerprinted for employment and processed through the Office of School Personnel Review and Accountability (OSPRA), NYS Education Department. A fee of **\$91.50**, payable to NYS Education Department, is required.

I have been fingerprinted in compliance with the NYS Education Department, Office of School Personnel Review and Accountability (OSPRA): _____ Yes _____ No

(If NO, you will be contacted regarding fingerprinting procedures)

REFERENCES

(Give the names of three persons who have closely observed your work as a professional or a student. References by present and former superintendents, principals, and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendations.)

	Reference #1	Reference #2	Reference #3
Name			
Official Position			
Address			
City, State			
Telephone Number			

List the college placement office where your confidential records may be obtained.

APPLICANT'S STATEMENT

Please give a statement covering any additional information, which will help in judging your suitability for a position, including such things as your goals in teaching not mentioned elsewhere and any special experience, training, or interests. _____

The facts set forth on this application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I do hereby authorize representatives from Willsboro Central School to contact my former employers. The purpose of this release is to permit the Willsboro Central School District to obtain information regarding my work history and job performance. I also authorize Willsboro Central School to utilize the information obtained as a part of my application for employment.

Signature of Applicant _____

Date _____

Applications will be kept on file for ONE YEAR from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

It is the responsibility of the applicants to furnish college transcripts, placement folder, **and three (3) current letters of recommendation.**

Prospective employees will receive consideration without discriminations because of race, creed, color, sex, age, national origin, handicap, or veteran status.

PERSONAL STATEMENTS

1. Why did you decide to become a teacher?

2. What do you want to accomplish as a teacher?

3. In your estimation, what are the most critical challenges facing education today?